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		Application Number	10/624,191	
TAL after initial filing)		Filing Date	July 21, 2003	
		First Named Inventor	Kenneth J. Micklash II	
		Group Art Unit	1743	
		Examiner Name	Natalia A. Levkovich	
bmission		Attorney Docket Number	36-000101US	

ENCLOSURES (check all that apply)							
X Fee Transmittal Form	Assignment Papers (for an Application)	After Allowance Communication to Group					
Fee Attached	Drawing(s)	Appeal Communication to Board of Appeals and Interferences					
X Amendment / Response	Licensing-related Papers	Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)					
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Information Disclosure Statement	Small Entity Statement						
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Parts under 37 CFR 1.52 or 1.53							
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT							
Firm or Individual name  Angela P. Horne	Angela P. Horne, Ph.D., Reg. No. 41,079, Quine Intellectual Property Law Group P.C.						
Signature Mysler. How Pa							
Date Ochober 18, 2006							
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FEES TRANS NITTAL   FEET TRANS NITTAL   FEET TRANS NITTAL   FOR Y 2005   First Name of Inventor   Flints Date   July 21, 2003	Effective TRACELLAS				Complete if Know n					
Applicant dains small entity status. See 37 CFR 1.27   Examines Name   Natialia A. Levkovich   Examines Name   Natialia A. Levkovich   Art Unit   1743   Att Unit   1744   Att Unit   1743   Att Unit   1744   Att Unit   1744   Att Unit   1744   Att Unit   1744   A	Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).				Application Number		1	10/624,191		
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METHOD OF PAYMENT (check all that apply)					Examiner Name Natalia			a A. Levk	A. Levkovich	
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Check Credit Card Money Order None X Other (please identity): Deposit Account    X   Deposit Account Deposit Account Number   Sol-893   Deposit Account Name; Quine Intellectual Property Law Group, P.C.   For the above identified deposit account, the Director is hereby authorized to : (check all that apply)     X   Charge fee(s) indicated below   Charge fee(s) indicated below, except for the filing fee   X   Charge fee(s) indicated below, except for the filing fee   X   Charge fee(s) indicated below, except for the filing fee   X   Charge fee(s) indicated below, except for the filing fee   X   Charge fee(s) indicated below, except for the filing fee   X   Charge fee(s) indicated below, except for the filing fee   X   Charge fee(s) indicated below, except for the filing fee   X   Charge fee(s) indicated below, except for the filing fee   X   Charge fee(s) indicated below, except for the filing fee   X   Charge fee(s)   Charge fee(	TOTAL AMOUNT OF PAY	YMENT (S)	1020.00	Att	torney Docke	t No.	36	-000101U	<u>s</u>	
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Charge any additional fee(s) or underpayments of fee(s)   X   Credit any overpayments										
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FEE CALCUL ATION   1. BASIC FILING, SEARCH, AND EXAMINATION FEES   Small Entity   Fee (\$)   Fe	WARNING: Information on this	-R 1.16 and 1 form may beco	,17 me public. Credit card info	rmation st	hould not be inc	duded on thi	is form. Provide cr	edit card		
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2. EXCESS CLAIM FEES Fee Obscription Each claim over 20 (including Reissues) Each independent claim over 3 (including Reissues) Each independent claims  Total Claims  Total Claims  Extra Claims Fee (\$) Fee Paid (\$)  HP = highest number of total claims paid for, it greater than 20. Indep. Claims HP = highest number of independent claims paid for, it greater than 3.  3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereor. See 35 U.S.C. 41(a)(1)(G) and 27 CFR 1.16(s).  Total Sheets Extra Sheets Number of each additional 50 or fraction thereof  4. OTHER FEE(\$) Non-English Specification, \$130 fee (no small entity discount)  Other (e.g., late filing surcharge): Other:	Reissue	300	150 5	00	250	600	300			
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Each claim over 20 (including Reissues)  Each independent claim over 3 (including Reissues)  Each independent claim over 3 (including Reissues)  Multiple dependent claims  Total Claims  Extra Claims  Extra Claims  Extra Claims  Extra Claims  Fee (\$) Fee Paid (\$)  HP = highest number of total claims paid for, if greater than 20.  Indep. Claims  Extra Claims  Fee (\$) Fee Paid (\$)  Extra Claims  Fee (\$) Fee Paid (\$)  Fee Paid (\$)  Fee Paid (\$)  Fee Paid (\$)  Fee Paid (\$)  Fee Paid (\$)  Fee Paid (\$)  Fee Paid (\$)  Fee Paid (\$)  Fee Paid (\$)  Fee Paid (\$)  Fee Paid (\$)  Sheets or fraction thereor. See 35 U.S.C. 41(a)(1)(G) and 27 CFR 1.16(s).  Total Sheets  Extra Sheets  Number of each additional 50 or fraction thereof  Fee Paid (\$)  Fees Paid (\$)  Chher:  Other:		ES					Fee (S)			
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Angela P. Horne, Ph.D.

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